

Enclosure B

COUNTY RESPONSE COVER PAGE - MUST BE FULLY COMPLETED AND SUBMITTED WITH PLAN AND DATA

Napa County is requesting participation in the Enhanced Anti-Fraud Program and will submit a Plan and Data as described above, by November 1, 2009.

Board of Supervisor Approval

Approved on, October 27, 2009, by the County Board of Supervisors

Name of Approver: Mark Luce, Chair

Signature Mark Luce

Name of County District Attorney Representative: Jane Hinshaw

County District Attorney Representative Telephone #: 707-299-1453

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County Welfare Department Representative Telephone #: 707-259-8679

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Napa County

In Home Supportive Services Fraud Investigations and Program Integrity Plan

November 1, 2009 to June 30, 2010



**A Tradition of Stewardship
A Commitment to Service**

TABLE OF CONTENTS

I.	Background.....	1
II.	IHSS Overpayments/Underpayments Activities and Data.....	1
III.	IHSS Fraud Referrals/Outcomes Activities and Data.....	1
IV.	Collaboration and Partnership with the District Attorney's Office.....	2
V.	Collaboration and Partnership with California Department of Health Care Services and California Department of Social Services.....	2
VI.	Mechanism for Tracking/Reporting IHSS Fraud Data and Activities.....	2
VII.	County's Current and Proposed Anti-Fraud Data and Activities.....	3
VIII.	County Integrated Program Integrity Efforts.....	4
IX.	Proposed Budget for Utilization of Funds	4
X.	Annual Outcomes Report.....	4
XI.	Contact Information.....	4

I. Background

The State Budget Act of 2009 appropriated funds to counties for fraud prevention, detection, referral, investigation, and program integrity efforts in the In-Home Supportive Services (IHSS) program. In accordance with the California Department of Social Services (CDSS) letter to county Board of Supervisors on September 25, 2009, this plan outlines the efforts the Napa County Health & Human Services Agency Comprehensive Services for Older Adults (CSOA) division and Program Integrity Unit (PIU), in coordination with the Napa County District Attorney's Office (DAO), will undertake to enhance the program integrity of IHSS through various fraud prevention, detection, and investigation activities.

II. IHSS Overpayments/Underpayments Activities and Data

IHSS overpayment and underpayment activities are conducted by IHSS social workers, IHSS payroll staff, and IHSS Quality Assurance staff. Overpayments and underpayments are identified through IHSS quality assurance/quality improvement activities, including desk reviews, quality assurance home visits, and targeted reviews, IHSS social workers through annual reassessments or client contact, or IHSS payroll when processing time sheets or inputting case changes in the Case Management, Information and Payrolling System (CMIPS).

When an overpayment or underpayment is identified, IHSS payroll is notified and a notification letter is sent to the client so the overpayment can be collected or the underpayment can be reimbursed. Overpayments and underpayments are tracked by payroll staff, and collected/repaid in accordance with CDSS Manual of Policies and Procedures (MPP) section 30-768. In addition, all overpayments are referred to PIU for investigation for potential fraud.

Attachment A (Enclosure D of CDSS Board of Supervisors Letter, dated September 25, 2009) contains data on the number of overpayments and underpayments identified by Napa County's activities from July 1, 2004 through June 30, 2009.

III. IHSS Fraud Referrals/Outcomes Activities and Data

Fraud referrals can be initiated by IHSS social workers, the IHSS Public Authority, IHSS payroll staff, or IHSS Quality Assurance staff. All fraud referrals are generated by the staff suspecting fraudulent activities, and must be signed off by the individual's supervisor. All IHSS fraud referrals are forwarded to PIU for further investigation. When an investigation substantiates fraudulent activity or includes other potential criminal activity (such as elder or dependent adult abuse), PIU investigators will forward the case information to the DAO for further investigation. Napa County IHSS Fraud Referral Policy and Procedure (Attachment B-1), and IHSS Fraud Referral Form, the FL-1 (Attachment B-2), are attached for further detail on how all IHSS fraud referrals will be generated and followed up.

Attachment A (Enclosure D of CDSS Board of Supervisors Letter, dated September 25, 2009) contains data on the number of fraud referrals initiated by Napa County, and the outcomes of those referrals from July 1, 2004 through June 30, 2009.

TABLE OF ATTACHMENTS

Overpayments, Underpayments, and Fraud Activities Data and Outcomes (Enclosure D).....	A
IHSS Fraud Referrals Policy and Procedure	B-1
IHSS Fraud Referral Form (FL-1).....	B-2
Quality Management/Quality Assurance IHSS Comprehensive Home Visit Review Policy.....	C-1
IHSS Quality Assurance Home Visit Review Worksheet.....	C-2
Quality Management/Quality Assurance IHSS Case Review Policy...	D-1
IHSS Quality Assurance Case Review Checklist.....	D-2
IHSS Fraud Prevention and Program Integrity Budget.....	E

IV. Collaboration and Partnership with the District Attorney's Office

IHSS fraud referrals will be initially investigated by PIU. Any investigations with potential for prosecution, or that find additional criminal activities will be referred to the DAO for further investigation and possible prosecution. IHSS social workers, the IHSS Public Authority, IHSS Payroll, and IHSS Quality Assurance will be available to assist PIU and DAO in gathering additional information regarding fraud investigations. An Interagency Agreement will be developed between Napa County Health and Human Services and the DA that will confirm the coordinated activities.

V. Collaboration and Partnerships with California Department of Health Care Services and California Department of Social Services

A. Collaboration with the California Department of Social Services

County IHSS Quality Assurance staff currently conducts joint case review activities with CDSS Quality Assurance staff to identify, refer to, and work with appropriate agencies in investigation, administrative action, or prosecution of instances of fraud in the provision of supportive services.

In addition, CDSS provides counties with quarterly death match reports that are generated by the State Controller's Office through the matching of State and federal death files against recipient and provider records. Napa County staff work with CDSS to resolve these reports and take appropriate action per State established guidelines, including fraud referrals when necessary. CDSS has also requested county staff assistance in piloting other types of data matches for the purposes of quality improvement. Once these data matches are identified and generated, the Napa County IHSS program will participate fully in activities of this nature.

B. Collaboration with the California Department of Health Care Services

Napa County IHSS maintains regular communication with the California Department of Health Care Services (CDHCS) Medi-Cal fraud investigator for Napa County. The CDHCS fraud investigator for Napa County will be updated quarterly of all IHSS referrals received and investigated by PIU, as well as the outcomes of completed investigations. When applicable, PIU and the CDHCS fraud investigator will conduct joint investigations, as requested by the CDHCS investigator.

All IHSS referrals received will be tracked by PIU in an access database, including referrals investigated by CDHCS.

VI. Mechanism for Tracking/Reporting IHSS Fraud Data and Activities

Napa County will develop an Access database to collect all IHSS referrals and the outcomes of the investigations. All referrals will be entered into the database as they are received by PIU, and updated as necessary with investigation and/or prosecution outcomes.

Napa County has an established IHSS Quality Assurance Committee (Committee). The goal of the Committee is to address areas for improvement of IHSS services, ensure the creation and process for potential corrective action plans, analyze fraud prevention and detection strategies, and develop methodologies to implement change and improve delivery of IHSS. The Committee reviews generated reports containing data gathered by the QM Specialist and reviews recent legislation as analyzed by the Staff Analyst. Reports are used to identify systemic problems and make recommendations for improvement. Additionally, if there are any disputes concerning the interpretation or application of program regulations or policies, the issues will be resolved by the IHSS Quality Assurance Committee.

The Committee currently meets on a monthly basis and includes the following individuals:

- Kris Brown Deputy Director HHS – Comprehensive Services for Older Adults
- Nancy Schulz Assistant Behavioral Health Care Manager, Adult Services
- Tara Blakley Social Worker Supervisor, IHSS Program Supervisor
- Gail Forte Assistant QM Director, Quality Management Division
- Hannah Euser Senior QM Specialist, Quality Management Division
- Kaitlin Brady Staff Services Analyst, Adult Services

Information on IHSS referrals tracked in the Access database will be brought to the Committee on a monthly basis for review and any necessary follow up.

VII. County's Current and Proposed Anti-Fraud Data and Activities

Napa County monitors the delivery of supportive services to detect and prevent potential fraud by providers, consumers, and others, and to maximize the recovery of overpayments and remedy underpayments.

If IHSS staff suspects fraudulent activity regarding a recipient or provider of IHSS, a referral will be submitted to PIU. Once referred to PIU the case will be assigned for investigation. The referrals given to PIU contain as much specific information as possible, such as the following:

- Copies of all time sheets submitted for payment, including signatures;
- Copies of paid warrants;
- Documentation related to suspected fraud; and
- A completed Fraud Referral form.

Currently, the IHSS Supervisor reviews the CMIPS 300+ Hours Report monthly and reviews those cases with the IHSS social worker inquiring specifically about the authorized hours. If anything appears questionable, the IHSS Supervisor may request the provider's work schedules from the consumer and/or the provider and makes a fraud referral to PIU if a fraudulent situation comes to their attention.

Home visits are used to inquire and ensure that consumers are receiving adequate services from their IHSS provider(s), and that the quality of this care sufficiently enables the consumer to remain safely at home and avoid institutionalization. During scheduled home visits, the Quality Management Specialist inquires if the consumer of services receives any of the following third party resources. If it is found that these resources are received, a referral is made to PIU.

- Long-Term Care insurance;
- Workers' Compensation insurance;
- Civil judgments/pending litigations;
- Victim Compensation Program payments

The Napa County Quality Management/Quality Assurance IHSS Comprehensive Home Visit Review Policy (Attachment C-1) and the IHSS Quality Assurance Home Visit Review Worksheet (Attachment C-2) are attached for further detail on how Napa County IHSS QA conducts home visits.

Napa County IHSS Quality Assurance also conducts a minimum of 250 desk reviews, and makes appropriate fraud referrals to PIU if fraudulent activity is suspected. The IHSS Quality Management Specialist and IHSS Supervisor conduct the case reviews on a monthly basis. The Quality Management/Quality Assurance IHSS Case Review Policy (Attachment D-1) and IHSS Quality Assurance Case Review Checklist (Attachment D-2) are attached for further detail on the IHSS case reviews conducted by Napa County Quality Assurance.

As Napa County IHSS is co-located with the IHSS Public Authority, Gero-Psychiatric Case Management, Medi-Cal, and Adult Protective Services, staff are in a unique position to educate other programs who cross serve IHSS recipients on what IHSS fraud is, and how to report. The co-location of senior and disabled programs allows other program case managers to notify IHSS social workers if potential fraudulent activities in IHSS are identified.

VIII. County Integrated Program Integrity Efforts

Napa County PIU will be starting a fraud prevention and education program for all social services programs, including IHSS. PIU investigators will visit a random sample of IHSS recipients and distribute education materials on IHSS fraud. If recipients and/or providers are uncooperative, or the investigators have reasonable suspicion, a fraud investigation will be initiated. If fraudulent activity is substantiated, the case will be referred to the DAO for prosecution. This new outreach effort to clients and providers will at a minimum provide a greater awareness about what activities constitute IHSS fraud.

As of November 1, 2009, all new IHSS providers will attend provider orientation, in accordance with Assembly Bill X4, Number 19. Providers will be educated on the rules, regulations, and provider related processes and procedures, what IHSS program fraud is, the consequences of committing IHSS fraud, and how to report suspected fraud or abuse. While state law only requires new providers to attend orientation, and existing providers to be notified of the new orientation information, the Napa County Public Authority will be extending invitations to all IHSS providers, existing and new, to the new orientation. Because of Napa County's small

size, the Public Authority can accommodate orienting all providers, and a high turnout is expected. For all existing providers who do not attend the provider orientation, they will be sent the orientation information.

The Napa County IHSS program will implement other anti-fraud activities outlined in the State Budget Act of 2009 as implementation direction is given by CDSS.

IX. Proposed Budget for Utilization of Funds

Based on Enclosure A of the CDSS Board of Supervisors Letter, dated September 25, 2009, Napa County has been allocated \$78,307. Allocated funds will be used for staffing for fraud investigation, prevention, and education activities outlined above, fraud education materials for IHSS recipients and providers, equipment for PIU investigators, and training for IHSS line staff and PIU investigators on how to identify and investigate IHSS fraud.

Attachment E provides a detailed budget for the allocated \$78,307.

X. Annual Outcomes Report

Napa County IHSS is committed to producing an annual outcomes report, identifying the activities and outcomes associated with the fraud prevention, detection, investigation, and prosecution efforts outlined in this plan.

XI. CONTACT INFORMATION

If you have any specific questions please direct your questions to the following:
Kaitlin Brady, Staff Services Analyst, kbrady2@co.napa.ca.us, (707) 259-8613.

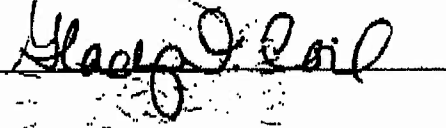
COUNTY OF NAPA, a political subdivision
of the State of California

By


MARK LUCE, Chair of the
Board of Supervisors
"COUNTY"

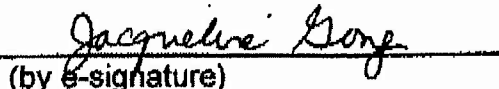
ATTEST: GLADYS I. COIL,
Clerk of the Board of Supervisors

By



APPROVED AS TO FORM: ROBERT
WESTMEYER, Napa County Counsel

By:


(by e-signature)

Date:

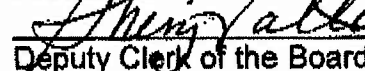
10/16/09

APPROVED BY THE NAPA COUNTY
BOARD OF SUPERVISORS:

Date:

10-27-09

Processed by:


Deputy Clerk of the Board

Enclosure D

County: Napa County

Overpayments Identified by County QA		.04/05	.05/06	.06/07	.07/08	.08/09
Total Amount per Fiscal Year:		\$457,261	\$1,687,361	\$26,049.49	\$4,857.94	\$3,799.28
Breakdown of Causes	Number of Instances:	1	2	3	9	6
	Provider:	1	1	2	9	5
	Recipient:	0	1	1	0	1
	County Error:	0	0	0	0	0
	Unknown:	0	0	0	0	0
	Other:	0	0	0	0	0

Underpayments Identified by County QA		.04/05	.05/06	.06/07	.07/08*	.08/09*
Total Amount per Fiscal Year:		0	0	0	1069	0
Breakdown of Causes	Number of Instances:	0	0	0	2	1
	Provider:	0	0	0	0	0
	Recipient:	0	0	0	0	0
	County Error:	0	0	0	0	0
	Unknown:	0	0	0	2	1
	Other:	0	0	0	0	0

*The total amount of past underpayments is unknown. As stated in Napa County's Plan, all future underpayments, overpayments, and fraud referrals will be tracked in an Access database.

Fraud Referrals/Outcomes		.04/05	.05/06	.06/07	.07/08	.08/09
Number of referrals to DCHS:		1	1	6	6	7
Number handled locally by DA:		0	0	3	0	0
Number of convictions:		0	0	2	0	0
Court Ordered Restitution:		0	0	0	0	0
Amount of funds involved in the convictions:		\$ -	\$ -	\$ 11,562.00	\$ -	\$ -
Amount of funds recovered:		0	0	60	0	0
Amount of funds pending recovery:		\$ -	\$ -	\$ 11,512.00	\$ -	\$ -
Basis for the Conviction:		n/a	n/a	W&I Code 14107 (a)	n/a	n/a
Individual Responsible	Recipient:	0	0	0	0	0
	Provider:	0	0	3	0	0
	County Staff:	0	0	0	0	0
	Other:	0	0	0	0	0
	Unknown:	0	0	0	0	0

Utilization of County DA for Fraud		.04/05	.05/06	.06/07	.07/08	.08/09
Outcomes	Documented referrals to DA*	0	0	3	0	0
	Accepted:	0	0	3	0	0
	Rejected:	0	0	0	0	0
	Pending:	0	0	0	0	0
	Completed Investigation					
	No Fraud:	0	0	0	0	0
	Restitution Action:	0	0	3	0	0
	Referred for prosecution:	0	0	0	0	0
	Criminal Charges Filed:	0	0	3	0	0
	No Charges Filed:	0	0	0	0	0
	Convictions:	0	0	2	0	0
	Acquittals:	0	0	0	0	0
	Dismissals:	0	0	1	0	0
	Pending Investigation:	0	0	0	0	0
	Restitution					
	Court Ordered:	0	0	0	0	0
	Restitution Action:	0	0	2	0	0
	Fines	0	0	0	0	0
	Prosecutions Completed	0	0	2	0	0
	Convictions					
	Misdemeanor:	0	0	2	0	0
	Felony:	0	0	0	0	0



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NAPA COUNTY HEALTH AND HUMAN SERVICES

POLICY AND PROCEDURE: IHSS Fraud Referrals	EFFECTIVE DATE: November 1, 2009
REFERENCE: FL-1 Fraud Referrals Sent to PIU IHSS Overpayment Process	ORIGINAL DATE OF ISSUE: May 1, 2008
POLICY #: CSOA - 0013	LAST REVISION DATE:
DISTRIBUTION: Comprehensive Services for Older Adults Fiscal Quality Management Program Integrity Unit	APPROVAL: IHSSA Deputy Director, CSOA <i>[Signature]</i> IHSSA Director Date: 11-24-09

POLICY STATEMENT: It is the policy of Napa County In-Home Supportive Services (IHSS) to refer all suspected fraudulent activity for further investigation to the Napa County Health and Human Services Agency Program Integrity Unit (PIU).

PURPOSE: The purpose of this policy is to outline the procedures for making and following up with an IHSS fraud referral.

ADMINISTRATION:

Aging & Disability Program Manager
IHSS Social Worker Supervisor I
Supervising Account Clerk
Senior Quality Management Specialist

END OF POLICY

DEFINITIONS:

1. Fraud

According to CDSS Division 20 Regulations, fraud exists when a person, on behalf of himself or others, has:

- .11 Knowingly, and with intent to deceive or defraud, made a false statement or representation to obtain benefits, obtain a continuance or increase of benefits, or avoid a reduction of aid benefits.
- .12 Knowingly, and with intent to defraud, failed to disclose a fact which, if disclosed, could have resulted in the denial, reduction or discontinuance of benefits.
- .13 Accepted benefits knowing he/she is not entitled thereto, or accepted any amount of benefits knowing it is greater than the amount to which he/she is entitled.

7. Once an IHSS fraud referral has been received by the PIU Office Assistant, the referral will be assigned to a PIU Welfare Investigator.
8. The PIU investigator may contact the referring employee during the course of the investigation in order to receive additional information.
 - a. The reporting party shall provide the PIU investigator with any and all relevant case files upon request of the PIU investigator.
9. The PIU investigator shall update the PIU Office Assistant on all cases.
 - a. The PIU Office Assistant shall add all updates, including closing summaries, on the PIU Access Database.
10. Upon completion of the investigation, the PIU investigator shall notify the reporting employee the investigation findings.
11. When the employee who made the referral hears back from the investigator, the employee shall discuss the results of the referral with their supervisor.
12. If a client reported the suspected fraud, the referring employee shall inform the client of the investigation's outcome.
13. A copy of the completed FL-1 and all investigation follow up shall be filed in the IHSS client's file under the correspondence tab.
 - a. The FL-1 and follow up shall be flagged for redaction in the event that the client shall ask to review their case file.

Overpayments

1. Depending upon the results of an investigation, overpayments shall be addressed separately.
2. In general, if a fraud referral is not found to be fraud, and is not older than 12 months, an overpayment recovery shall be pursued.

Referral Follow-Up

1. Once a month, at the IHSS Quality Assurance Committee, all IHSS fraud referrals shall be reviewed and discussed. Any follow-up questions that come up as a result of the review shall be forwarded to PIU.

FORMS:

1. FL-1

CONTACT PERSON:

Kaitlin Brady, Staff Services Analyst

END OF PROCEDURES

Napa County Health & Human Services Agency

Department of Social Services

Investigation Request for IHSS only

TO: PIU INVESTIGATOR

CASE NAME:

FROM:

CASE NUMBER:

DATE:

WORKER PHONE NO:

COMPLAINT: ☐ Early Fraud
☐ Unreported Income
☐ Residence
☐ Family Composition
☐ Misuse

☐ Unreported Assets / Resources
☐ Duplicate Aid
☐ Forgery
☐ Drug Related Felonies
☐ Other:

AID AFFECTED: ☐ TANF ☐ Food Stamps

☐ Medi-Cal / CMSP ☒ Other: IHSS
 (Please circle appropriate aid)

INFORMANT: ☐ Anonymous

Name

Telephone

Address

Relationship to client:

☐ Relative☐ Friend☐ Employer (ex)☐ Neighbor☐ Other

Client's Driver Lic./ID No:

DOB & SS#

Provider name & DOB:

Drivers Lic. No:

Social Security #:

Other Person name & DOB:

Drivers Lic. No:

Details: Describe in detail full circumstances of suspected violations or request. Include Who, what, where, when and how. (Use back of form or additional sheet if more space needed.)

Supervisor's Approval: _____

Date: _____

Disposition:☐ Accepted ☐ Inappropriate Referral:☐ Investigation not warranted:



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NAPA COUNTY HEALTH AND HUMAN SERVICES

POLICY AND PROCEDURE: Quality Management/Quality Assurance In-Home Supportive Services Comprehensive Home Visit Review Policy	DATE OF ISSUE: 9-2-08
REFERENCE: W&IC Section 12305.71(b) W&IC Section 12305.7(2)(c) ACN 131-08	REVIEW FREQUENCY: Annually
POLICY STATEMENT:	ORIGINAL DATE OF ISSUE: 11-2-04
DISTRIBUTION: Quality Management Division Comprehensive Services for Older Adults	APPROVALS: [Signature] 7/15/08 [Signature] 7/15/08 [Signature] 7/15/08 [Signature] 7/15/08

POLICY STATEMENT:

It is the policy of the Quality Management Division of Napa County Health and Human Services Agency to comply with Welfare and Institutions Code (W&IC) 12305.71(b) to conduct routine Comprehensive Home Visit Reviews. The reviews are random and two part, consisting of a case review and a home visit with recipients of IHSS services.

PURPOSE:

The purpose of this Policy and Procedure is to establish a process for the Senior Quality Management Specialist to conduct Comprehensive Home Visit Reviews. The Comprehensive Home Visit Review will consist of a case review (as defined in the *Quality Assurance/Quality Management IHSS Case Review Policy and Procedure*) and a home visit. Home visits are used to validate case file information and ensure that authorized services are appropriately and uniformly authorized and are consistent with the needs of the consumer at a level which allows him/her to remain safely and independently in his/her own home. The review is used as a fraud prevention measure to detect potential fraud and/or inappropriate usage of In-Home Supportive Services. Pursuant to W&IC Section 12305.7(2)(c), home visits are further used to verify the receipt of supportive services by program consumers. Home visits monitor the quality of care that the consumer is receiving. California Department of Social Services requires counties to conduct 50 home visits per fiscal year.

ADMINISTRATION:

Senior Quality Management Specialist, Quality Management Division

DEFINITIONS:

CMIPS Ad-Hoc Tool: Case-Management, Information and Payrolling Systems database for IHSS consumers and providers. The Ad-Hoc Tool allows users to generate specific listings of consumers and providers based on indicated fields. For this policy, the Ad-Hoc tool is used to generate a random sample of consumers for case review purposes.

FL-1: Form that is submitted to Special Investigations Unit when suspected fraud is found.

IHSS Quality Assurance Committee: Currently includes individuals from Quality Management, IHSS and Public Authority Program Management, the CSOA Staff Analyst, and IHSS Social Worker Supervision.

PROCEDURES:**A. Case Selection Procedures:**

1. The Senior Quality Management Specialist (QM Specialist) conducts approximately 4 Comprehensive Home Visit Reviews on a monthly basis. The QM Specialist will conduct a total of 50 Comprehensive Home Visit Reviews each fiscal year.

2. Home visits are selected as a random sub-sample of cases that are selected for review on a monthly basis. Cases are randomly selected using the CMIPS Ad-Hoc Tool. If the QM Specialist is conducting a targeted review, it is possible that all of, or a larger sub-sample of selected cases may have a home visit conducted.

3. A Comprehensive Home Visit Review shall not be completed more than one time per year for an individual consumer. If a consumer is randomly selected more than once, it will be disregarded and another case will be selected.

B. Review Process:

1. After gathering randomly selected cases from the IHSS Social Workers, the QM Specialist will briefly review the case files, but not conduct a full desk review at this time. The QM Specialist will review any progress notes and assessment narratives to note any prior critical events, suspected fraudulent activity, or other pertinent information regarding the recipient and his/her environment.

2. The QM Specialist contacts the selected consumers to set up a time for a home visit. The QM Specialist shall explain the purpose of the home visit, and request that, if possible, the consumer's provider not be present, as some of the questions will be sensitive and are best answered in a confidential manner. It is not mandatory or at times possible for purposes of the consumer's safety for the provider to be absent.

a. The following considerations will be taken when setting up a home visit:

1. If an authorized representative is indicated as the consumer's main contact, then he/she will be contacted to set up the home visit instead of the consumer (although it will be required that the consumer be present for the home visit). If an authorized

representative is indicated, he/she will be asked to be present at the home visit as well. (An authorized representative may need to be present if the consumer is a child, non-verbal, has a severe cognitive impairment, etc.).

- ii. If a consumer is monolingual in a language other than English, the QM Specialist will consult with the consumer and/or authorized representative to discuss the consumer's preference for translation. If there is no one available to provide translation services, the QM Specialist will offer and make every effort to arrange translation services.

- b. It is anticipated that scheduling appointments for home visits may vary in degree of difficulty. While it may be easy to set up an appointment with some individuals, others may be more difficult. The following protocol is used for setting up home visits:

- i. **Phone Call** – Initially, the QM Specialist will contact a consumer via the phone to set up an appointment. The QM Specialist will call a total of three times to try to set up an appointment, leaving messages when possible. All attempts will be documented.
- ii. **No Contact** – If the QM Specialist is unable to set up a home visit review on a specific case, an alternate case shall be randomly selected. These consumers with whom the QM Specialist is unable to set up a home visit with will be tracked by entering names into a "home visits- no response list". In cases of no contact, the consumer's social worker will be contacted to inform them of difficulties in attempts to contact the consumer and discuss whether further efforts to contact a difficult to reach consumer should be pursued.

3. The QM Specialist shall take all necessary safety precautions and considerations as defined in the *Quality Management Field Staff Safety Policy and Procedure* both prior to and during a home visit. When possible, the QM Specialist shall reserve a County vehicle for the visit.

4. The QM Specialist shall take the consumer's case file to the home visit to refer to when evaluating authorized services and case details.

5. At the home visit, the QM Specialist utilizes the *Quality Assurance Home Visit Review Tool*. The tool consists of questions to assess consumer's needs and obtain information related to, but not limited to, the following areas:

- a. Identification of consumer;
- b. Verification of data on the SOC 293;
- c. Discussion of health issues/physical limitations;
- d. Discussion of changes in functional ability;
- e. Verification of consumer's understanding of services and authorized hours;
- f. Verification of consumer's understanding of their right to a State Fair Hearing;
- g. Ensure consumer knowledge of Agency resources and alternative resources;
- h. Discussion of medical appointments;
- i. Discuss quality of care provided by the consumer's caregiver/provider;
- j. Discuss or observe potential APS/CPS related issues or concerns;
- k. Timesheet accuracy; and
- l. Consumer's overall satisfaction with IHSS, their social worker and provider.

6. The QM Specialist will take several handouts along to the home visit in case consumers have specific referral questions. These handouts may include, but not be limited to, the following:

- a. CSOA brochure
- b. IHSS Public Authority brochure
- c. IHSS Consumer Handbook
- d. IHSS Public Authority Newsletter
- e. Volunteer Center Resource handbook
- f. Fliers regarding upcoming events/trainings

7. During a home visit, immediate needs and/or concerns with IHSS consumers may be identified. Following a home visit with a consumer with immediate needs, the QM Specialist will refer any findings to the proper referral source. Any referral will be documented in the Narrative section of the *Quality Assurance Home Visit Review Tool*.

Potential referral sources and potential reasons for referral include, but are not limited to the following:

- **Adult Protective Services/Child Protective Services**

As a mandated reporter of Elder, Dependent and Child Abuse, the QM Specialist will report any type of abuse including physical, financial, sexual, psychological abandonment, isolation or neglect if it is either observed, suspected or direct information is provided regarding an incident of such nature. Any abuse related information or observations will be reported immediately to local authorities.

- **IHSS Public Authority**

If the consumer is having problems with their IHSS provider or the consumer needs a new IHSS provider, a referral will be made to the IHSS Public Authority. If a provider is not providing an adequate quality of care, then the consumer may be referred to the IHSS Public Authority to further investigate and provide support services or training for a consumer and/or provider. If there is a potential discrepancy in timesheet inaccuracies that has been discovered at a home visit and needs to be further addressed, this will be referred to the Public Authority. The Public Authority may contact the provider, the consumer, and/or the provider's representative to follow-up with any concerns or observations reported by the QM Specialist.

- **IHSS Social Worker**

If during the home visit, the QM Specialist discovers that hours have been either over or underauthorized, a referral will be made to the consumer's IHSS social worker. If the consumer is found to be in need of an increase or a decrease in authorized hours, the social worker shall make the appropriate adjustment within ten working days. The social worker will be contacted if there are reasons that indicate potential ineligibility of services.

- **IHSS Payroll**

If the consumer is having problems with a payroll related matter, the QM Specialist will make a referral to the IHSS Payroll department.

- **Special Investigations Unit (SIU)**

If during the home visit, the QM Specialist suspects fraudulent activity, an FL-1 will be filed with Napa County's SIU. SIU, in collaboration with a representative from the Department of Health Services will then investigate.

- **911/Emergency Services**

If during the home visit, a medical need arises that requires immediate services, the QM Specialist will call Emergency Services.

- **Law Enforcement**

If during the home visit, the need for law enforcement becomes apparent, the QM Specialist will call Emergency Services.

8. In the Narrative section of the *Quality Assurance Home Visit Review Tool*, the QM Specialist records observations and write a brief narrative documenting the home visit.

9. After the home visit, the QM Specialist conducts a complete case review, utilizing the IHSS Quality Assurance Case Review Tool (see *IHSS Quality Assurance/Quality Management Case Review Policy and Procedure* for details). While conducting this case review, the QM Specialist analyzes information and observations from the home visit and compares with documentation in the case file.

10. At the end of the QA Home Visit Review Tool, the QM Specialist will indicate the overall results of the entire Comprehensive Home Visit Review. The QM Specialist will check one of three boxes as indicated below:

☐ **This Home Visit Review requires NO further action.**

- o A check in this box means that the case does not require any further changes or actions as a result of the home visit. The Social Worker should review any comments made and file the review tool in the client file.

☐ **This Home Visit Review requires action.**

- o A check in this box indicates that changes to the case file must be made. If an error is found during the home visit review that either results in an increase or decrease in hours, this change must be made within 10 business days, unless an annual reassessment is due within the following month, in which case 45 days are allowed for correction. After changes are made by the Social Worker, this case review tool is sent back to the QM Specialist indicating changes made. If a change in authorized hours has been made as a result of a QA review, then a copy of the SOC 293 indicating the change shall be sent with the case review tool, if specified by the QM Specialist.

11. The case and tools are given back to the Social Worker by the last day of the month from the original date that the cases were pulled, unless special arrangements have been made between the QM Specialist and the social worker. A copy of the QA Home Visit Review Tool and the QA Case Review Tool are made and kept with the QM Specialist for data collection purposes.

12. If a face to face annual reassessment is due within the month following the Comprehensive Home Visit Review, the IHSS Social Worker will then be given 45 days to make any necessary changes. This will give the SW time to schedule and complete the home visit.

13. If authorized hours are either increased or decreased as a result of findings from the Comprehensive Home Visit which resulted in case changes, this shall be indicated by the social worker on QA Home Visit Review Tool.

14. If the Social Worker receives the QA Case Review and QA Home Visit Review Tools from the QM Specialist and does not agree that a change or action is necessary, he/she must provide comment and justify the reason why no change is necessary. The rebuttal shall be documented in the narrative section on the QA Case Review Tool. The Social Worker shall consult with the IHSS Supervisor to discuss indicated changes. Cases requiring action shall be routed through the IHSS Supervisor first.

15. After the Social Worker makes appropriate changes/justifies no need for change, he/she returns the QA Case Review Tool, QA Home Visit Review Tool and file (if indicated) to the QM Specialist. The QM Specialist reviews changes to ensure that appropriate action has been taken and/or justification for no change to an action has been properly documented.

16. If the QM Specialist agrees with changes or action taken by the Social Worker, the review is complete and the case is returned to the Social Worker, with the case review tools, and can be re-filed. The review tools should be filed in the client file. A copy of the review tools are kept with QM.

17. If a disagreement between the QM Specialist and IHSS Program Staff exists, the case is then brought to the IHSS Quality Assurance Committee where the case is discussed and a resolution to the discrepancy is made. Upon a resolution of the issue, the case is returned to the Social Worker. If the resolution requires changes, and to ensure that appropriate changes are made, the Social Worker will be asked to return the case review tools with documentation of changes to the Quality Assurance Committee. This documentation will be kept on file with the QM Specialist.

18. Copies of all completed QA Case Review Tools will be kept with the QM Specialist. All completed Review Tools will be entered into an Excel database and used for program analysis and quality assurance.

19. On a quarterly basis, the QM Specialist reports the total number of IHSS home visits and the number of cases that required additional action to CDSS. The QM Specialist uses form SOC 824 developed by CDSS for reporting. A second, more comprehensive report is generated quarterly and distributed to the Quality Management Director, IHSS Program Manager, IHSS Social Worker Supervisor and the Assistant Behavioral Health Care Manager for IHSS and the Public Authority. This second report is an analysis of problems and errors as well as strengths found in home visits and case reviews. The report will identify trends and propose a corrective action plan. These trends will be discussed and action plans reviewed within the IHSS Quality Assurance Committee.

FORMS:

Quality Assurance Home Visit Review Tool

CONTACT PERSON:

Hannah Euser, Senior Quality Management Specialist

NAPA COUNTY IHSS QUALITY ASSURANCE HOME VISIT REVIEW WORKSHEET

CASE NAME		CASE#	CASE TYPE: AID CODE:
PERSON INTERVIEWED		RELATIONSHIP TO CLIENT:	
SOCIAL WORKER	name	SW#	
SW SUPERVISOR	name		
REVIEWED BY	HANNAH EUSER	DATE OF HOME VISIT:	

PHOTO ID CHECKED	<input type="checkbox"/> Yes <input type="checkbox"/> No (specify why not):
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INTRODUCTION	
The questions I would like to ask you today are about the IHSS services you receive here in Napa County. From our information, it appears that you have been receiving services in this county since: (give date of application from SOC-295)	
1	Is this correct? <div style="float: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> Don't remember <input type="checkbox"/> No - Date client says they began services: </div>

SOC 293 G LINE VERIFICATION (Verify the following G-Line information)			
G1	SPOUSE/PARENT	<input type="checkbox"/> 00 - None <input type="checkbox"/> 01 - Spouse - Able/Available <input type="checkbox"/> 12 - Spouse - Able/Part available <input type="checkbox"/> 13 - Spouse - Able/Not Available <input type="checkbox"/> 14 - Spouse - Available/Not Able	<input type="checkbox"/> 15 - Spouse - IHSS Recipient <input type="checkbox"/> 21 - Parent - Provides all services <input type="checkbox"/> 22 - Parent - Provides some services <input type="checkbox"/> 23 - Parent - Provides no services <input type="checkbox"/> 24 - Parent - IHSS recipient
G2-3	# IN HOUSEHOLD:	# IHSS RCP IN HH:	Specify:
G4	RESIDENCE	<input type="checkbox"/> 01 - House <input type="checkbox"/> 02 - Apartment <input type="checkbox"/> 03 - Mobile Home	<input type="checkbox"/> 04 - Hotel <input type="checkbox"/> 05 - Other
G5	LIVING ARRANGEMENT	<input type="checkbox"/> 01 - Independent (living alone) <input type="checkbox"/> 02 - Shared <input type="checkbox"/> 03 - Live-in Provider	<input type="checkbox"/> 04 - Tenant Landlord <input type="checkbox"/> 05 - Board and Room
G6-8	# OF ROOMS:	<input type="checkbox"/> YARD	<input type="checkbox"/> Washer <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Dryer

SOCIAL WORKER		
2	Do you know who your current social worker is?	<input type="checkbox"/> YES, specify SW name: <input type="checkbox"/> NO
3	Do you have your social worker's phone number?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Have you ever called your social worker?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4a	When was the last time you called your social worker?	<input type="checkbox"/> <1 month <input type="checkbox"/> More than 12 months <input type="checkbox"/> 1-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> Don't know
4b	How easy is it for you to contact your social worker?	<input type="checkbox"/> Very Easy <input type="checkbox"/> Easy <input type="checkbox"/> Difficult (answer question 4c)
4c	Why is it difficult for you to contact your social worker?	<input type="checkbox"/> SW doesn't return my calls <input type="checkbox"/> I have to call more than once before anyone calls me back <input type="checkbox"/> Language problems <input type="checkbox"/> Other:
5	Overall, would you say your relationship with your social worker is:	<input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Not Very Good <input type="checkbox"/> N/A, I have never had contact with my SW.
5a	If not very good, can you think of anything that could make the relationship better? Comments:	<input type="checkbox"/> No <input type="checkbox"/> Yes

AUTHORIZED SERVICES

5	Do you know how many hours the County has authorized for you monthly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6a	How many hours do you have?	consumer reported time:
7	Has your social worker explained to you the services that have been authorized for you to receive with IHSS and the amount of time you are allowed for each task?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
8	Do you feel like you understand all of the services authorized for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	QA: Go over all services on NOA with consumer, mention services not authorized. Results of NOA Review: (check all that apply) <input type="checkbox"/> Client understood all authorized services and hours on NOA <input type="checkbox"/> Client was unaware of specific <u>services</u> that were authorized <input type="checkbox"/> Client was unaware of specific <u>hours</u> that were authorized <input type="checkbox"/> Client was unaware of specific services available with IHSS and indicates a need for them. Specify: <input type="checkbox"/> Other results:	
10	Are your authorized hours currently meeting your in home care needs?	<input type="checkbox"/> No, specify: <input type="checkbox"/> Yes
11	Have there been any major changes in your health since the last time your social worker was here?	<input type="checkbox"/> Yes, specify: <input type="checkbox"/> No
11a	Have these changes affected anything you are, or were, able to do for yourself?	<input type="checkbox"/> Yes, specify: <input type="checkbox"/> No
11b	Have these changes required you to have more or fewer medical appointments or to see a different physician?	<input type="checkbox"/> Yes, specify: <input type="checkbox"/> No
11c	If yes, does your social worker know about these changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11d	If no, specify why not:	
12	Are there any services that your provider is doing for you now that you feel you could be doing for yourself?	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify:
13	Do you have any family, friends, or an alternative resource besides your provider who would be willing to provide any of the services you need voluntarily?	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify:

PROVIDER

14	How many providers do you currently have? Provider's name(s): Provider's relationship(s):	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> More than 4
15	What is your provider(s) schedule?	1. 2.	
16	Does your provider(s) work all of the hours as authorized for you?	<input type="checkbox"/> Yes, provider works all hours <input type="checkbox"/> No, provider works less than authorized <input type="checkbox"/> No, provider works more than authorized	
16a	How often has the provider work more/less hours than authorized? Comments:	<input type="checkbox"/> Once in awhile <input type="checkbox"/> Usually	<input type="checkbox"/> Always <input type="checkbox"/> Don't know
16b	Why do you think your provider works more or less hours than are authorized?	<input type="checkbox"/> There are not enough hours <input type="checkbox"/> There are too many hours available <input type="checkbox"/> They do services that are not authorized <input type="checkbox"/> They have other places to go <input type="checkbox"/> Other:	
16c	Specify any other reasons why a provider is working more or less than the full number of hours authorized:		
17	Do you or anyone else ever pay your provider extra?	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify:	
18	Has your provider ever "no showed"?	<input type="checkbox"/> Yes	

18a	How often does this happen?	<input type="checkbox"/> No <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Always
18b	When was the last time this happened? specify:	
19	Do you know who to call for help if your provider does not show up?	<input type="checkbox"/> No <input type="checkbox"/> Yes
19a	Who would you call? specify:	
20	If you had to replace your provider, would you need assistance in locating a new one?	<input type="checkbox"/> No <input type="checkbox"/> Yes
21	Do you know of and/or have used the IHSS Public Authority?	<input type="checkbox"/> Yes, heard of <input type="checkbox"/> Yes, used <input type="checkbox"/> No, not heard of <input type="checkbox"/> No, not used
21a	If you have used the PA Registry, were you satisfied with their services?	<input type="checkbox"/> Yes, specify: <input type="checkbox"/> No, specify:
22	Are you currently experiencing any issues or problems with your provider(s) that you would like to discuss?	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify:
23	Overall, do you have a _____ relationship with your provider?	<input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Not Very Good
23a	If not very good, have you ever talked to the provider to try to improve this?	<input type="checkbox"/> No <input type="checkbox"/> Yes

PAYROLL/FRAUD PREVENTION

24	Have you ever had to contact the payroll department?	<input type="checkbox"/> No <input type="checkbox"/> Yes
24a	Was it easy for you to reach the payroll dept?	<input type="checkbox"/> No <input type="checkbox"/> Yes
24b	If no, what makes it difficult?	<input type="checkbox"/> Payroll doesn't return my calls <input type="checkbox"/> I have to call more than once before anyone calls me back <input type="checkbox"/> Language problems <input type="checkbox"/> Other:
25	Do you always check to make sure all the hours your provider is claiming have been worked before you sign the timesheet?	<input type="checkbox"/> No <input type="checkbox"/> Yes
26	Do you always sign the timesheets?	<input type="checkbox"/> No <input type="checkbox"/> Yes
26a	If no, who does sign your timesheets?	<input type="checkbox"/> Authorized Representative <input type="checkbox"/> Other, specify:
27	Do you keep track of the hours your provider(s) work?	<input type="checkbox"/> No (suggest keeping a calendar) <input type="checkbox"/> Yes
27a	Can you show me how and where you keep track of these hours?	<input type="checkbox"/> YES, client showed QA calendar <input type="checkbox"/> NO, client did not show QA calendar
28	Have you been hospitalized or lived outside of your place of residence, such as in a Board and Care Facility, Nursing Home, Skilled Nursing Facility, etc., for any reason since your social worker was last here?	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify:
28a	When was this?	
28b	Did you let your social worker know of this time you were out of your home within 10 days from the time that it occurred?	<input type="checkbox"/> No <input type="checkbox"/> Yes
28c	Did your provider work for you during the time you were out of your home?	<input type="checkbox"/> No <input type="checkbox"/> Yes
28d	Did your care provider submit timesheets for days that you were out of your home?	<input type="checkbox"/> No <input type="checkbox"/> Yes
29	Are you eligible or are you currently receiving any of the following? <input type="checkbox"/> Long Term Care Insurance <input type="checkbox"/> Worker's Compensation Insurance <input type="checkbox"/> Civil Judgments/Pending litigations <input type="checkbox"/> Victim Compensation Program Payments	<input type="checkbox"/> Yes (report to Medi-Cal) <input type="checkbox"/> No

FAIR HEARING

30	Do you know about your right to request a Fair Hearing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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	If client does not know: "If you are unable to resolve any disagreements you have with the county regarding the number of hours authorized or the services you receive you can request a fair hearing before an impartial judge. Details are on the back of the NOA."	Comments:
31	Have you ever requested a fair hearing on an IHSS issue?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31a	What was the outcome?	<input type="checkbox"/> Won the hearing <input type="checkbox"/> Lost the hearing <input type="checkbox"/> Approved in part

CRITICAL INCIDENT/APS ISSUES		
32	Do you feel like there is any abuse occurring in your home currently?	<input type="checkbox"/> No <input type="checkbox"/> Yes
32a	Please explain:	
33	Do you feel that someone is neglecting you, intimidating you or abusing you?	<input type="checkbox"/> No <input type="checkbox"/> Yes
33a	Please explain:	
34b	QM Specialist: Is this a Critical Incident?	<input type="checkbox"/> No <input type="checkbox"/> Yes
34c	QM Specialist: Specify type of abuse suspected:	Specify Referral Made:

CONCLUSION	
35	Overall, would you say you are very, somewhat or not very satisfied with IHSS Services in Napa County? Comments:

VERIFICATION OF RECEIPT OF SERVICES – FRAUD DETECTION AND PREVENTION (After Home Visit)	
Compare number of hours provider claimed on timesheet for past 3 months per CMIPS compared to what client stated	<input type="checkbox"/> Hours reported and hours paid coincide <input type="checkbox"/> Hours reported and hours paid do not coincide <input type="checkbox"/> Fraud is suspected – referral will be made to SIU

NARRATIVE:

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REFERRALS MADE:

<input type="checkbox"/> APS – Emergency <input type="checkbox"/> APS – 10 day Response <input type="checkbox"/> Public Authority <input type="checkbox"/> Public Health Nurse <input type="checkbox"/> MSSP <input type="checkbox"/> Medi-Cal Eligibility <input type="checkbox"/> Special Investigations Unit <input type="checkbox"/> Other: _____
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REVIEW OUTCOME:

<input type="checkbox"/> This Home Visit Review requires NO further action <input type="checkbox"/> This Home Visit Review requires action (see specific details in Narrative)

INTERNAL USE:

<input type="checkbox"/> CASE RETURNED <input type="checkbox"/> Home Visit Review DID NOT result in a change in service authorization <input type="checkbox"/> Home Visit Review resulted in a change in service authorization
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A Tradition of Stewardship
A Commitment to Service

NAPA COUNTY HEALTH AND HUMAN SERVICES

POLICY AND PROCEDURE: Quality Management/Quality Assurance in-Home Supportive Services Case Review Policy	DATE OF ISSUE: 9/2008
REFERENCE: W&IC Section 12305.71(b)	REVIEW FREQUENCY: Annually
POLICY #: 2-1-08	ORIGINAL DATE OF ISSUE: 7/1/07
DISTRIBUTION: Quality Management Division Comprehensive Services for Older Adults	APPROVAL: [Signature] 9/23/08 Senior Health Care Manager Date [Signature] 9/23/08 Quality Management Director Date [Signature] 9/23/08 IHSS Director Date

POLICY STATEMENT:

It is the policy of the Quality Management Division of Napa County Health and Human Services Agency to comply with the California Department of Social Services (CDSS) mandate to complete a minimum of 250 routine In-Home Supportive Services (IHSS) consumer case reviews annually, as per W&IC Section 12305.71(b).

PURPOSE:

The purpose of this Policy and Procedure is to establish a process for Quality Assurance staff to review IHSS cases. As a part of the Quality Management Division, the Senior Quality Management Specialist conducts case reviews collaboratively with the IHSS Social Worker Supervisor in the Comprehensive Services for Older Adults Division. Case reviews ensure that IHSS Social Workers are appropriately and uniformly conducting assessments and authorizing services that are consistent with the needs of the consumer at a level which allows him/her to remain safely and independently in his/her own home. Case reviews assess if both State and County IHSS regulations and policies are accurately applied. Information found in case reviews is used for data gathering, analysis, reporting, and identifying areas where further training is needed.

ADMINISTRATION:

Senior Quality Management Specialist, Quality Management Division
IHSS Social Worker Supervisor, Comprehensive Services for Older Adults

DEFINITIONS:

CMIPS Ad-Hoc Tool: Case-Management, Information and Payrolling Systems database for IHSS consumers and providers. The Ad-Hoc Tool allows users to generate specific listings of consumers and providers based on indicated fields. For this policy, the Ad-Hoc tool is used to generate a random sample of cases for review.

IHSS Quality Assurance Committee: Currently includes individuals from Quality Management, IHSS Program Management, Public Authority Management, and IHSS Social Worker Supervision. This committee meets on a monthly basis.

PROCEDURES:**A. Case Selection Procedures:****1. Senior Quality Management Specialist (QM Specialist) Selection Process:**

- a. Utilizing the CMIPS Ad-Hoc Tool the QM Specialist produces a random sample of 10-12 IHSS cases for review monthly. This list is produced on the Friday prior to the first bimonthly IHSS Staff Meeting.
- b. The case review list produced monthly is a random sample of cases that have a reassessment due in the month following. By reviewing cases that have an upcoming reassessment, the social worker will have an opportunity to make a home visit to correct any necessary changes, which will help to avoid duplication of error correction and increase efficiency. After the random sample is pulled in the CMIPS Ad-Hoc Tool, the names of the cases selected are then entered into an Excel database. Since the CMIPS Ad-Hoc Tool does not allow for the list to be automatically imported into an Excel spreadsheet, the selected cases must be entered into Excel manually.
- c. On the same day the list is produced, the QM Specialist informs IHSS Social Workers of cases selected for review, via email. Sending this list several days prior to collection allows Social Workers to insert any unfiled paperwork or complete any case documentation of recent activity. This list of upcoming cases for review is also sent to the Social Worker Supervisor and the CSOA Senior Office Assistant for case tracking purposes.
- d. In addition to routine case reviews, the QA Specialist also conducts two Targeted reviews of IHSS cases annually. Targeted reviews are determined by the IHSS Quality Assurance Committee and are intended to more closely examine potentially problematic areas of concern within IHSS cases. Trends found through the regular case review process may be used when selecting an area of concern to target and review.

2. IHSS Social Worker Supervisor (IHSS Supervisor) Selection Process:

- a. On an ongoing basis, the IHSS Supervisor reviews between 20-100% of each Social Worker's IHSS Intake/Application and Reassessment cases. 100% of initial assessments and reassessments of cases will be reviewed for new Social Workers until the IHSS Supervisor feels they are fully trained. These cases will be reviewed on a flow basis, before final documents are sent to payroll. The length of time to review 100% of cases is up to the discretion of the IHSS Supervisor, but typically lasts six months to one year.
- b. After the IHSS Supervisor determines the Social Worker does not require full review of cases, the IHSS Supervisor will then randomly select 20% of the SW's intake, reassessment, and/or denials from the month prior to review. For example, reviews conducted by the IHSS Supervisor in February are 20% of the cases completed by each Social Worker in January. Each Social Worker submits a summary monthly report at the end of each month from which the IHSS Supervisor randomly selects cases. Reviews will periodically include cases that have been denied.

B. Review Process:

1. Using the Quality Assurance Case Review Tool, QA staff conduct desk reviews to assess the completion and accuracy of forms as well as the correct application of State and County regulations and policies.
2. If during the 10 business days that the QM Specialist has the cases for review an urgent need arises for the Social Worker to have a case file, the QM Specialist will be responsible for transporting this case as immediately as possible.
3. On the second page of the case review tool, QA staff will check one of three boxes indicating the results of the case review. The checked box gives instructions to the IHSS Social Worker if changes are needed. The boxes checked on the last page of this review tool are as follows:
 - ☐ **No changes needed. Good Job!**
 - o A check in this box means that the case does not require any further changes or actions. The SW should review any comments made and file the review tool in the client file.
 - ☐ **Info Item. Comments should be considered at next reassessment.**
 - o A check in this box means that no immediate changes are necessary, but comments made in the course of review should be considered during the next reassessment with the client. Information is provided to be used at the discretion of the SW. The review tool should be filed in the case file.
 - ☐ **Action Item. Case requires changes.**
 - o A check in this box indicates that changes to the case file must be made. If an error is found during the review that either results in an increase or decrease in hours, this change must be made within 10 business days, unless an annual reassessment is due within the following month, in which case 45 days are allowed for correction. After changes are made by the SW, this case review tool is sent back to QA staff indicating changes made. If a change in authorized hours has been made as a result of a QA review, then a copy of the SOC 293 indicating the change shall be sent with the case review tool, if specified by the reviewer.

4. If no changes are needed, the review tool and file are returned to the Social Worker to be re-filed. All cases and original review tools shall be returned to the Social Workers within 10 business days from the date the cases were collected, unless prior arrangements have been made.
5. If a case is in need of action, this change must be made within 10 business days, unless an annual reassessment is due within the following month, in which case 45 days are allowed for correction. After changes are made by the Social Worker, this case review tool is sent back to QA staff indicating changes made.
6. For reviews conducted by the QM Specialist that are found to be in need of action, the case is first given to the IHSS Supervisor. The IHSS Supervisor will then review errors and discuss with the Social Worker.
7. If the QM Specialist agrees with changes or action taken by the Social Worker, the review is complete and the case and/or review tool is returned.
8. If the Social Worker receives the reviewed case and review tool from the QM Specialist and/or IHSS Supervisor and does not agree that a change or action is necessary, he/she can provide comment and justify the reason why no change is necessary in the narrative section on the review tool. The Social Worker shall consult with the IHSS Supervisor to discuss indicated changes. If the Social Worker makes a change to the client's authorized hours, resulting in either an increase or decrease in hours, this should be indicated on the returned case review tool, or a copy of the new SOC 293 shall be attached.
9. After the Social Worker returns the review tool and file (if indicated), the QM Specialist reviews changes to ensure that appropriate action has been taken and/or justification for no change to an action has been properly documented.
10. If a disagreement regarding errors exists between the QM Specialist and IHSS Program Staff, the case is then brought to the IHSS Quality Assurance Committee for review. This committee will discuss the case and resolve discrepancies. After this decision is made, the case is returned to the Social Worker. To ensure that appropriate changes are made, the Social Worker is asked to return the review tool with documentation of changes to the Committee. This documentation will be kept on file with the QM Specialist.
11. A copy of the review tool indicating any corrections made will be made and sent to the QM Specialist by the 15th day of the month following the month the case was reviewed. The Social Worker will keep the original copy in the case file.
12. All completed review information will be entered into an Excel database by the QM Specialist and used for program analysis and reporting as indicated in the Policy Statement section of this document.
13. On a quarterly basis, the QM Specialist prepares two reports containing information on completed case reviews. The first report is submitted to the CDSS Quality Assurance Bureau and is due the 15th day of the month following the end of the quarter. This report is submitted on Form SOC 824 and reports results of completed case reviews, home visits, targeted reviews, fraud prevention activities, critical incidents, and quality improvement efforts. The data reported on the SOC 824 reflects all reviews completed by both the QM Specialist and the IHSS Social Worker Supervisor. A second report is generated quarterly and distributed to the IHSS Quality Assurance

Committee. This second report details combined results of case reviews, identifying trends and any potential need for corrective action.

FORMS:

Quality Assurance Case Review Tool

CONTACT PERSONS:

Hannah Euser, Senior Quality Management Specialist

Initial Assessment:										Case Name:										Date:																																																											
App Date:										Case #:																																																																					
F2P:										Companion Case:										YES / NO																																																											
Reassessment:										Current:										PCSP										RES										Social Worker:																																							
Last RV:										IPW										DENIED										Reviewer's Initials:																																																	
YES										NO										N/A																																																											
										Within 30 days (45 days for Medi-Cal)																																																																					
										Within 12 months (or 18 mths w/ doc.)																																																																					
										CMIPS Eligibility review (Non-Med Bd/Care)										* IF INCREASED OR DECREASED AFTER QA REVIEW																																																											
Within HTG										H/L										DOC										AUTH. HOURS										TOTAL AUTHORIZED MONTHLY HOURS										TOTAL REVISED MONTHLY HOURS										Revised Hours																			
AA										Y										N																																																											
BB										Y										N																																																											
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II										Y										N																																																											
JJ										Y										N																																																											
KK										Y										N																																																											
LL										Y										N																																																											
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PP										Y										N																																																											
QQ										Y										N																																																											
RR										Y										N																																																											
SS										Y										N																																																											
TT										Y										N																																																											
WW										Y										N																																																											
YY										Y										N																																																											

YES	NO	N/A	NOTICE OF ACTION
			In file for current assessment
			If Adverse Action - Dated and mailed "at least 10 days in advance of the effective date of the intended action"
			Documentation of client's abilities missing
			G-line reflects household/living situation
			H-line reflects current assessed needs
			CMIPS codes are correct
			In case file and completed Specify missing:
			In case file and completed Specify missing:
			Current and contains client's name, SW signature & phone #, date.
			All areas of form are completed.
			Form is completed by a licensed health care professional
			Services authorized are paramedical in nature
			File contains sufficient documentation / justification
			SOC 821 is on file
			24-Hour Care Plan in case file and completed
			Protective Supervision checklist in file and complete
			Emergency Back-Up Plan
			PUB 13 given and explained
			Physicians Evaluation completed or doc. supports why not included
			Client Rights and Responsibilities signed/in file (MPP 30-760.1)
			Voter Registration form in case file and completed (ACL 595-026)
			If Interpretive Services are needed, forms(2) are completed
			Voluntary Services indicated, SOC 450 completed/in file (MPP 30-757.176)
			Adjustments reflect # of people in HH as documented in the case file
			There is documentation for domestic & related services that are not pro-rated
			Companion case hours are prorated appropriately (check in CMIPS)
			Documented case information in all provisions 12 and 13
			Type of case: (circle) IP no show Neglect Abuse Harmful to self OTHER:
			Resolution / Referral to: (circle) PA APS CPS No Action OTHER:

CASE REVIEW ANALYSIS:
☐ No changes needed: Good Job!

☐ Info form: Consider comments at next reassessment.

☐ Action form: Case requires changes.
RETURN BY:
☐ Return Case File with Review Tool

☐ Return only Review Tool
RETURNED CASES:
☐ Case Returned

☐ Errors Corrected: Total Hours Increased

☐ Errors Corrected: Total Hours Decreased

☐ Errors Corrected: No Change in Hours

☐ No Errors, justified by SW

☐ Other Results/Notes:

NOTES:

ANNUAL BUDGET
IHSS FRAUD INVESTIGATIONS/PROGRAM INTEGRITY

Position	<u>Annual Cost</u> <u>(Salaries and</u> <u>Benefits)</u>	<u>FTE</u>	<u>Salary and</u> <u>Benefits for</u> <u>IHSS Fraud</u> <u>activities</u>	<u>Overhead</u> <u>allocated</u> <u>through County</u> <u>Expense Claim</u>	<u>Other</u> <u>Costs</u>	<u>Total Cost</u>
<i>Staffing:</i>						
Staff Services Analyst II	116,094	0.10	11,609	-		11,609
Fraud Investigator	117,030	0.20	23,406	21,768		45,174
Social Worker	103,042	0.05	5,152	4,791		9,944
DA Investigator	154,175	0.05	7,709	-		7,709
<i>Total staffing and overhead</i>			<u>\$ 47,876</u>	<u>\$ 26,559</u>		<u>\$ 74,435</u>
						74,435
<i>Other costs:</i>						
Training					2,000	2,000
Laptop					1,872	1,872
<i>Total other costs:</i>					<u>\$ 3,872</u>	<u>\$ 3,872</u>
GRAND TOTAL			<u>\$ 47,876</u>	<u>\$ 26,559</u>	<u>\$ 3,872</u>	<u>\$ 78,307</u>

Attachment E

Budget Justification

Napa County's Fraud Funding Plan for FY 2009-10

Budget Section	Total
A. Personnel Costs (includes employee benefits)	\$ 52,196
B. Operating Expenses	\$ 20,376
C. Equipment Expenses	\$ 3,744
D. Travel/Per Diem and Training	\$ 2,000
E. Subcontracts and Consultants	\$
F. Other Costs	\$
G. Indirect Expenses	\$
Total Expenses	\$ 78,307

A. Personnel Costs (including employee benefits)	Total Budget
Title: Staff Services Analyst II (.1 FTE) Salary Calculation: \$11,609 Duties Description: Collects and analyzes IHSS fraud data. Assists in the implementation of new IHSS fraud prevention efforts, including development of policies and procedures and related materials. Responsible for updating the annual County IHSS fraud plan.	\$ 11,609
Title: Fraud Investigator (.2 FTE) Salary Calculation: \$23,406 Duties Description: Investigates all IHSS fraud referrals and conducts random, unannounced home visits on IHSS cases. Refers IHSS fraud cases to the District Attorney's office for prosecution and testifies as necessary.	\$ 23,406
Title: Social Worker (.05 FTE) Salary Calculation: \$5,152 Duties Description: Refers all suspected IHSS fraudulent activity to Fraud Investigators for investigation. Assists Fraud Investigators and/or District Attorney's office in investigations as necessary.	\$ 5,152
Title: DA Investigator (.05 FTE) Salary Calculation: \$7,709 Duties Description: Investigates all confirmed IHSS fraud cases forwarded from Fraud Investigators, to ready cases for prosecution.	\$ 7,709
Title: Office Assistant--contracted extra help Salary Calculation: \$18.00 Duties Description: Manage all data aspects for fraud plan. Develop spreadsheets and other tracking software. Enter information and format reports. Other clerical related tasks.	\$ 4,320
Title:	\$

Salary Calculation:	
Duties Description:	
Total Personnel Costs:	\$ 52,196

B. Operating Expenses	Total Budget
Title: Operating Expenses	\$ 20,376
Description: Includes Information Technology Services (ITS) costs, phone costs, office supplies, postage and copying costs, and all other overhead expenses related to the IHSS fraud plan.	
Title:	\$
Description:	
Title:	\$
Description:	
Total Operating Expenses:	\$ 20,376

C. Equipment Expenses	Total Budget
Title: 2 Laptops	\$ 3,744
Description: Will allows Fraud Investigators to look up information on fraud suspects while out in the field and on investigations.	
Title:	\$
Description:	
Title:	\$
Description:	
Total Equipment Expenses:	\$ 3,744

D. Travel/Per Diem and Training	Total Budget
Title: Training	\$ 2,000
Description: Training for Fraud Investigators on IHSS fraud and how to better identify and investigate IHSS fraud.	
Title:	\$
Description:	

Title:	\$
Description:	
Total Travel/Per Diem and Training:	\$ 2,000

E. Subcontracts and Consultants	Total Budget
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Total Subcontracts and Consultants:	\$

F. Other Costs	Total Budget
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Total Other Costs:	\$

G. Indirect Expenses	Total Budget
Title:	\$

Description:	
Title:	\$
Description:	
Total Other Costs:	\$